

MILITARY PAY VERIFICATION

TO: (Name and Address of Employer) _____ Date: _____

_____ Re: _____

The person listed above has indicated that he or she is employed by the military. Information provided will remain confidential and will be used solely for the purpose of determining eligibility for occupancy.

Sincerely,

Project Management Agent _____

I hereby authorize the above named Management Agent to make inquiries regarding my employment for the purpose of determining my eligibility for occupancy.

Signed _____ Date _____

Gross Earnings Anticipated over next 12 Months:

Monthly Base Pay	\$ _____
BAQ	\$ _____
FED-RATE	\$ _____
Commuted Rations	\$ _____
Clothing Allowance	\$ _____
Other Special Pay	\$ _____

Total Annual Entitlement \$ _____ Total Monthly Entitlement \$ _____

Grade Level _____ Probability of Continued Enlistment _____

Authorized Official Name and Title

Signature _____ Date _____

Military Agency _____

Address _____ Phone _____

City _____ State _____ Zip _____

PLEASE RETURN TO: